

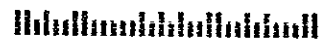


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

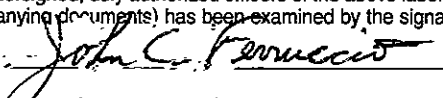
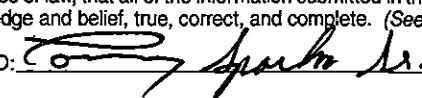
**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only		1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
 		0 4 8 - 0 5 4	MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
TOMMY SPARKS (2) 048-054 PLUMBERS AFL-CIO 520 LU 250 18355 SOUTH FIGUEROA STREET GARDENA, CA 90248 12/2000 			8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____	
4. AFFILIATION OR ORGANIZATION NAME				
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "No," provide address in Item 75.)				

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
12	Local #250 Picket fund was transferred to Local #250 Political Action Fund during the year 2000.
14	Ronald Goddu, CPA 12-31-00 Audited Financial Statements

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	TREASURER (If other title, see instructions.)
3 / 12 / 01	(310) 660 - 0035	3 / 12 / 01	(310) 660 - 0035
Date	Telephone Number	Date	Telephone Number

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ Yes ☒ No
12. Have a political action committee (PAC) fund? ☒ Yes ☐ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ Yes ☐ No
15. Discover any loss or shortage of funds or other property? ☐ Yes ☒ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ Yes ☒ No
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 5 7 1
19. What is the date of your organization's next regular election of officers? MO YEAR
1 2 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 18-85.50 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 100-750
(c) Transfer Fees	\$ 30
(d) Work Permits	\$ 520-830 per Year (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☒ Yes ☐ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ Yes ☒ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ Yes ☒ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 4 8 - 0 5 4

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash	1	3 3 5 5 4 4 6	3 1 3 0 4 8 3
	26. Accounts Receivable		2 9 1 8	2 3 2 6
	27. Loans Receivable		5 0 7 4 8	
	28. U.S. Treasury Securities			
	29. Investments	2	1 3 1 1 0 8	1 4 7 2 4 4
	30. Fixed Assets	5	2 6 2 7 0 9	2 0 0 8 1 7
	31. Other Assets	3	2 5 8 5 8	2 6 9 2 9
	32. TOTAL ASSETS		3 8 2 8 7 8 7	3 5 0 7 7 9 9
LIABILITIES	33. Accounts Payable	8	1 9 3 5 1	1 7 7 8 6
	34. Loans Payable			
	35. Mortgages Payable			
	36. Other Liabilities	4	1 8 0 2 8 3 8	1 3 2 8 7 8 7
	37. TOTAL LIABILITIES		1 8 2 2 1 8 9	1 3 4 6 5 7 3
	38. NET ASSETS (Item 32 less Item 37)		2 0 0 6 5 9 8	2 1 6 1 2 2 6

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 4 8 — 0 5 4

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			3 5 2 0 1 8 5	56. To Officers	9		9 2 2 8 2 1
40. Per Capita Tax				57. To Employees	10		4 2 5 3 0 8
41. Fees			7 8 4 2 2	58. Per Capita Tax			1 0 5 9 7 1 3
42. Fines			5 1 9 3 4	59. Fees, Fines, Assessments, etc.			
43. Assessments			1 3 7 1 3	60. Office & Administrative Expense	13		3 5 5 6 4 3
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			2 6 0 0 1
46. Interest			5 2 5 3 4	63. Benefits	11		4 3 9 1 1 1
47. Dividends			1 0 5 0 4 4	64. Contributions, Gifts & Grants	12		3 2 3 1 5
48. Rents			2 6 4 0	65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			1 7 6 4 9
50. Loans Obtained	8			67. Withholding Taxes			1 0 1 1 7 1
51. Repayments of Loans Made	1		5 0 7 4 8	68. Purchase of Investments & Fixed Assets	7		5 9 4 6
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf			1 1 1 2 6 9	70. Repayment of Loans Obtained	8		
54. Other Receipts	14		2 4 1 1 4 5	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			1 3 4 0 4 9
				73. Other Disbursements	15		9 3 2 8 7 0
55. TOTAL RECEIPTS			4 2 2 7 6 3 4	74. TOTAL DISBURSEMENTS			4 4 5 2 5 9 7

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 4 8 - 0 5 4

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>Steamfittler #250</u> Purpose: <u>See attached</u> Security: <u>N/A</u> Terms of Repayment: <u>See attached</u>	25,374		25,374		0
2. Name: <u>Steamfittler #250</u> Purpose: <u>See attached</u> Security: <u>N/A</u> Terms of Repayment: <u>See attached</u>	25,374		25,374		0
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	5 0 7 4 8		5 0 7 4 8		0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	142,161
5. Total Book Value	147,244
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) AFL-CIO Housing	147,244
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	147,244
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 4 8 - 0 5 4

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Prepaid Insurance	9,149
2. Prepaid Maintenance	2,838
3. Other Receivables	14,942
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	26,929
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Contractor Reim Liab	1,075,000
2. Prepaid Initiations	9,218
3. Per Capita Tax Payable	168,024
4. Pension Fund Payable	37,123
5. Accrued Expenses	39,422
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1,328,787
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 4 8 - 0 5 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 18355 S. Figueroa Gardena, Ca 90248	35,425		35,425	N/A
2. Totals from additional pages (if any)				
3. Buildings (give location): 18355 S. Figueroa Gardena, Ca 90248	230,415	230,415	0	N/A
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	255,441	171,949	83,492	N/A
7. Other Fixed Assets	657,717	575,817	81,900	N/A
8. Totals of Lines 1 through 7	1,178,998	978,181	2 0 0 8 1 7	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

FILE NUMBER: 0 4 8 - 0 5 4

SCHEDULE 8 — LOANS PAYABLE

Form LM-2 (Revised 2000)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 8 - 0 5 4

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. BARNES Last Name EDWARDS First Name BUS MANAGER Title C Status		75212	5200	6981		87393
2. BUONAURO Last Name CARMINE First Name CHIEF REF AGENT Title C Status		69335	6690	6728		82153
3. EVANS Last Name DAVID First Name AGENT Title N Status		68019	5099	2327		75445
4. FEES Last Name JIM First Name AGENT Title P Status		1316		1156		2412
5. FUZMAN Last Name ARTHUR First Name AGENT Title N Status		68122	5124	1544		14790
6. JOHNSTON Last Name ROBERT First Name AGENT Title C Status		69335	5220	4945		19500
7. JONES Last Name LARRY First Name BUS MANAGER Title P Status		1395		463		1858
8. Totals from additional pages (if any)		44913	33718	35119		518610
9. Totals of Lines 1 through 8		801847	61051	59923		922821
				10. Less Deductions		
Enter the Total from Line 11 in Item 56 →				11. Net Disbursements 922821		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 8 - 0 5 4

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> ABENDSCHAN <small>First Name</small> ANN <small>Position</small> SECRETARY <small>Name of Affiliated Organization</small>	39491				39491
2. <small>Last Name</small> DOMARACKI <small>First Name</small> TINA <small>Position</small> CASHIER <small>Name of Affiliated Organization</small>	15079				15079
3. <small>Last Name</small> ELLIOTT <small>First Name</small> COLLEEN <small>Position</small> BOOKKEEPER <small>Name of Affiliated Organization</small>	49054				49054
4. <small>Last Name</small> GUMR <small>First Name</small> KAREN <small>Position</small> CASHIER <small>Name of Affiliated Organization</small>	9379				9379
5. <small>Last Name</small> MARTINSEN <small>First Name</small> PAT <small>Position</small> ADMIN ASSIST <small>Name of Affiliated Organization</small>	47605				47605
6. Totals from additional pages (if any)	250848		242		251090
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	12460	1150			13610
8. Totals of Lines 1 through 7	423916	1150	242		425308
9. Less Deductions					
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements 425308		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 4 8 - 0 5 4

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Fund	Plan Administrator	337,360
2. Health & Welfare Admin	Plan Administrator	111,751
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		4 3 9 1 1 1
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Burial	2,406
2. Misc Donations	29,909
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 2 3 1 5
Enter the Total from Line 8 in	
↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Advertising	17,952
2. Insurance	36,672
3. Utilities	21,642
4. Telephone	79,467
5. Postage	12,024
6. Picnic/Christmas Party	45,449
7. Total from additional pages (if any)	142,437
8. Total of Lines 1 through 7	3 5 5 6 4 3
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Salary Reimburse	54,478
2. Organizing Grant	28,800
3. UA Welding Test	334
4. Service Charges	92,061
5. Scholarship Fund	62,005
6. Miscellaneous	3,467
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 4 1 1 4 5
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Conventions & Meetings	157,958
2. Test Expense	1,562
3. Contractor Reimburse	530,157
4. Organizing Expense	63,821
5. Political Fund Allow	49,277
6. Scholarship Fund Expenses	32,778
7. Maintenance & Repairs	49,761
8. Special Council Payment	2,952
9. Apprentice Training	9,612
10. Community Services	78
11. Bank Charges	52
12. Miscellaneous	34,862
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	9 3 2 8 7 0
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: Plumbers Local#250

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 048-054

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name MARTIN First Name TERRY Title AGENT Status N		68122	5111	2710		75943
Last Name ROUNDY First Name RALPH Title AGENT Status P		1316		351		1667
Last Name ROUNDY First Name ROGER Title AGENT Status C		69336	5200	8441		82977
Last Name SCAVO First Name JOE Title AGENT Status C		69432	5200	6618		81250
Last Name SCAVO First Name MICHAEL Title AGENT Status N		68000	5127	5615		78762
Last Name SPARKS First Name TOMMY Title SEC-TREAS Status C		69336	5224	3734		78294
Last Name STEINMETZ First Name JAMES Title ORGANIZER Status P		34216	2650	2518		39384
Last Name VASQUEZ First Name GEORGE Title AGENT Status C		69335	5206	5192		80733
Totals		449113	33718	35119		518610

ORGANIZATION NAME:

FILE NUMBER: _____

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME: Plumbers Local #250

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 048 - 054

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>MCKISSACK</u> First Name: <u>SUSAN</u> Position: <u>OFFICE MANAGER</u> Name of Affiliated Organization: _____	<u>41685</u>				<u>41685</u>
Last Name: <u>MURRAY</u> First Name: <u>CHERYL</u> Position: <u>CASHIER</u> Name of Affiliated Organization: _____	<u>38467</u>				<u>38467</u>
Last Name: <u>OLSON</u> First Name: <u>NANCY</u> Position: <u>ADMIN ASSIST</u> Name of Affiliated Organization: _____	<u>38186</u>				<u>38186</u>
Last Name: <u>RIVERIA</u> First Name: <u>LISA</u> Position: <u>DISPATCHER</u> Name of Affiliated Organization: _____	<u>39185</u>				<u>39185</u>
Last Name: <u>WILLEY</u> First Name: <u>RENEE</u> Position: <u>DISPATCHER</u> Name of Affiliated Organization: _____	<u>36074</u>				<u>36074</u>
Totals	<u>193597</u>				<u>193597</u>

ORGANIZATION NAME: Plumbers Local #250

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 4 8 - 0 5 4

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>MAYNER</div> <div>GEORGE</div> <div>JANITOR</div> <div></div> </div>	74003				74003
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>ANDREWS</div> <div>HAROLD</div> <div>ORGANIZER</div> <div></div> </div>	23248		242		23490
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div></div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div></div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div></div>					
Totals	57251		242		57493

PLUMBERS AFL-CIO
Local Union #250

Schedule 1 Loans Receivable

Purpose: To support labor candidates sympathetic to the labor union causes.

Term: The entire principle and accrued interest shall be repaid no later than October 7, 2000. The first payment shall begin on November 1, 1998 and there shall be 24 monthly payments in the amount of \$4,298.12. Interest shall be at the simple interest rate of three percent per annume.

Schedule 13 Office & Administrative Expenses

Office Supplies	120,954
Periodicals	2,697
Entertainment	4,042
Workers Compensation Insurance	<u>14,744</u>
	142,437
	=====

